

FEET TRANSMITTAL
For FY 2005

(Reflects USPTO filing fees in effect from 12/08/04)

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,070.00)

Complete if Known	
Application Number	09/512,669
Filing Date	February 24, 2000
First Named Inventor	Ulrike JECK-PROSCH
Examiner Name	M. Cleveland
Art Unit	1762
Attorney Docket No.	32140-153023

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order
 Deposit Account None

Deposit
Account
Number

22-0261

Deposit
Account
Name

Venable LLP

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s)
 Under 37 CFR 1.16 and 1.17
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	- 20 =	0	x 50 = 0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	- 3 =	0	x 200.00 = 0.00

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____

Subtotal (2) \$ _____

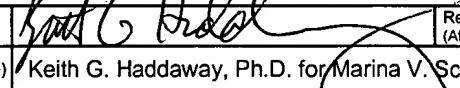
3. OTHER FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>
1-month extension of time	120	60	_____
2-month extension of time	450	225	_____
3-month extension of time*	1020	510	570
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	500
Filing a brief in support of appeal	500	250	_____
Request for oral hearing	1,000	500	_____

Other: Request for Continued Examination (RCE)

*2mth extension previously paid **Subtotal (3) \$** 1070

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,180	Telephone	(202) 344-4000
Name (Print/Type)	Keith G. Haddaway, Ph.D. for Marina V. Schneller	Date	28 Feb. 2005		